

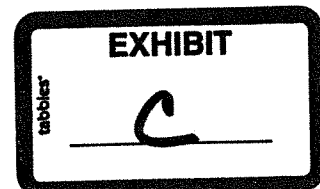
IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

ANITA ARRINGTON-BEY, etc., )  
 )  
Plaintiff, )  
 )  
v. ) Case No. 1:14-CV-02514  
 ) Judge Patricia A. Gaughan  
THE CITY OF BEDFORD HEIGHTS, )  
et al., )  
 )  
Defendants. )

THE DEPOSITION OF LISA DELUCA  
TUESDAY, AUGUST 18, 2015

The deposition of LISA DELUCA, a witness, called for examination by the Plaintiff, under the Federal Rules of Civil Procedure, taken before me, Kristine M. Esber, a Notary Public in and for the State of Ohio, pursuant to agreement of counsel, at the offices of Mazanec, Raskin & Ryder Co., L.P.A., 34305 Solon Road, Cleveland, Ohio, commencing at 9:38 a.m., the day and date above set forth.

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1 2013 there was no nurse assigned to the jail for two to  
2 three days on average per week?

3 **A. Correct.**

4 Q. Okay. Were you on duty, by the way -- and I'm  
5 just kind of going to jump ahead a little bit, but  
6 we'll go back with some more general things. But were  
7 you on duty when Omar Arrington-Bey passed away in the  
8 jail?

9 **A. No.**

10 Q. Was any nurse on duty that day?

11 **A. Yes.**

12 Q. Do you know if any nurse was on duty at the time  
13 that he died?

14 **A. No.**

15 Q. Is that no, you don't know, or no, no nurse was  
16 on duty?

17 **A. No nurse was on duty.**

18 Q. Thanks. Okay. So talking about Bedford Heights  
19 jail, can you tell me about -- now, I know the jail has  
20 closed at this point in time. But at the time that the  
21 jail closed what were your job duties up until that  
22 time -- at that moment in time rather?

23 **A. I did sick call where I'd go and see the inmates**  
24 **that need medical attention. I would listen to their**  
25 **complaints and I would give that information to the**

1     **doctor, and then follow his orders.**

2     Q.       When you say sick call, does that include any  
3     kind of treatment or just visiting and passing  
4     medications?

5     A.       **I did not pass medications there. I would go**  
6     **and see which inmates need to see me. They would tell**  
7     **me their complaints. And then, like I said, I'd go to**  
8     **the doctor and do whatever he said to do.**

9     Q.       Okay. So if he told you to provide some kind of  
10    treatment, then you provided treatment; is that  
11    accurate?

12   A.       **Correct.**

13   Q.       Did he provide treatment as well, or was that  
14    mostly your job?

15   A.       **He could. I wasn't there when he was there, so**  
16    **I don't know.**

17   Q.       Okay. If you didn't pass medications, who did  
18    the passing of medications?

19   A.       **Corrections officers.**

20   Q.       Was that always the case from the time that you  
21    worked in the jail?

22   A.       **Yes.**

23   Q.       Did your job duties change at all over time?

24            You were there for 15 years. So was this set of  
25    things you just described for me your duties throughout

1 Q. So was this just in effect continually as far as  
2 you're aware --

3 **A. Yes.**

4 Q. -- through the duration of your employment at  
5 the jail?

6 **A. Yes.**

7 Q. Okay. So under the section titled essential  
8 duties and responsibilities, Number 2 states that one  
9 of the duties you would do is responds to emergency  
10 medical problems that arise within the city jail.

11 So first of all, what's an emergency medical  
12 problem that would arise within the jail; can you give  
13 me some examples?

14 **A. Someone having difficulty breathing.**

15 Q. Anything else?

16 **A. Someone becomes injured.**

17 Q. Okay. Anything else?

18 **A. That's all I can think of.**

19 Q. Does that ever include mental health  
20 emergencies?

21 **A. Yes.**

22 Q. What kinds of mental health emergencies?

23 **A. Like if someone said they were suicidal.**

24 Q. Okay. So suicidal ideation is a medical  
25 emergency here. Any other mental health related issues

1 that would constitute emergency medical problems as far  
2 as your contract contemplates?

3 **A. No.**

4 Q. And what does it mean to respond?

5 It says you respond to emergency medical  
6 problems. What's the response?

7 **A. If I was on site the staff would call me and I**  
8 **would go to where the problem was.**

9 Q. And what, you just go there and stand there, or  
10 do you do something?

11 I mean tell me more.

12 **A. I assess the situation, and then if need be,**  
13 **call 9-1-1, call the doctor, whatever needs to be done.**

14 Q. Okay. What if you're not there during an  
15 emergency medical problem?

16 **A. They would contact Bedford Heights rescue squad.**

17 Q. Who's they?

18 **A. The corrections officers.**

19 Q. So then they're tasked at that point with  
20 determining whether or not there's a medical emergency,  
21 even though they're not medical staff at the jail?

22 **A. Correct.**

23 Q. And do you know whether the COs or corrections  
24 officers would call for any mental health issues other  
25 than suicide, call you said Bedford Heights rescue

1 she would just come in like maybe once a week. And I  
2 was coming in three times a week. And I guess I was  
3 there more often. I don't know.

4 Q. Was it anything other than just being there more  
5 often, to your knowledge?

6 A. Not that I remember.

7 Q. Okay.

8 A. It's a long time ago.

9 Q. Okay. Were there any other changes to the  
10 medical program that you contributed over the years,  
11 other than showing up more?

12 A. Just like putting together the training packet  
13 for the officers.

14 Q. Okay.

15 A. I think that was about it.

16 Q. Okay. This is from 2000. This is a little  
17 document on a pay raise. And the document states that  
18 you work very well with the jail doctor. And I just  
19 wonder if you could elaborate on that a little bit for  
20 me. In 2000 what were they talking about you working  
21 well with the jail doctor?

22 A. The whole time it was the same jail doctor and  
23 we always got along. And I'm good about following the  
24 rules. So if he told me to do something, I did it; so  
25 that could be why.

1     **they had group meetings.**

2     Q.       Are you talking about counseling, or are you  
3     talking about other types of treatment?

4     **A.       I think just talking to them, counseling.**

5     Q.       Okay. And were the staff from Recovery  
6     Resources who came to the jail psychiatrists?

7     **A.       No.**

8     Q.       Who were they; what types of licensure did they  
9     have?

10    **A.       I don't know.**

11    Q.       But you know they were not psychiatrists?

12    **A.       Correct.**

13                   MR. CLIMER:                   Can we take just  
14                   a moment?

15                   MS. GREENE:                   Sure. Do you  
16                   want to take a five-minute break?

17                   MR. CLIMER:                   Sure.

18                                   (Thereupon, there was a recess.)

19    BY MS. GREENE:

20    Q.       So if you were made aware that an inmate or  
21    detainee entered the jail with some loose pills in a  
22    baggie, would you try to contact a pharmacy or  
23    prescribing physician to verify that medication?

24    **A.       Yes.**

25    Q.       What if you didn't know where that medication

1 came from or you didn't know the prescribing  
2 physician's name, what would you do then?

3 **A. There would be nothing to do because I don't**  
4 **have any information.**

5 Q. You wouldn't call Dr. Feltoon?

6 **A. To tell him a bag of pills?**

7 Q. Yeah.

8 **A. No.**

9 Q. Would you ask the inmate anything about the  
10 pills?

11 **A. Yes.**

12 Q. And what would you ask them?

13 **A. What they were, what they were taking them for,**  
14 **the name of the pharmacy or the name of the physician.**

15 Q. Is that something to your knowledge that COs  
16 also would do if they --

17 **A. I don't know.**

18 Q. Okay. To your knowledge, or rather if someone  
19 comes into the jail with medication that you know is  
20 related to a psychiatric issue, would you do anything  
21 out of the normal course of action when you encountered  
22 that person and learned that they had medication  
23 related to a psychiatric issue with them when they came  
24 in?

25 **A. If they had the medication in a prescription**



1       **A.       Yes.**

2       Q.       How would that come about?

3       **A.       If the patient would come in and offer some**  
4       **complaints, I would call him and he would -- he could**  
5       **order Ativan.**

6       Q.       So that's only if a patient offers complaints.  
7       Is that ever based on self reporting or questions from  
8       the inmate him or herself?

9       **A.       Yes.**

10      Q.       Would the doctor ever be called and/or already  
11      be present and prescribe something like Ativan in  
12      relation to behavior observed by you or observed by COs  
13      and then reported to the doctor?

14      **A.       I don't recall a time that he did when I**  
15      **reported behavior. I don't know with the corrections**  
16      **officers.**

17      Q.       Okay. So let's talk about training of COs. You  
18      mentioned earlier that you did training for the  
19      correctional officers. What type of training did you  
20      do?

21      **A.       The four minute rule.**

22      Q.       What's that?

23      **A.       That means if there's a medical emergency, who**  
24      **you had to notify within four minutes.**

25      Q.       Can you tell me what the --

1       **A.       You have to notify the officer in charge,**  
2       **medical staff on duty, the doctor, the administrator.**

3       Q.       What constitutes a medical emergency that would  
4       trigger the four minute rule?

5       **A.       Someone having a heart attack.**

6       Q.       Is that it?

7       **A.       That's all I can think of.**

8       Q.       Okay. What other training did you do for the  
9       correctional officers?

10      **A.       Passing medications, diabetic emergencies,**  
11      **infection control, suicide prevention. I think it was**  
12      **just those five.**

13      Q.       Was the training that you did for the COs formal  
14      or informal?

15      **A.       Formal.**

16      Q.       Was curriculum associated with all of those  
17      trainings?

18      **A.       Yes.**

19      Q.       When did you start doing training for  
20      correctional officers?

21              Have you done it through your whole 15 or 16  
22      years?

23      **A.       Probably the second year that I was there.**

24      Q.       And did you continue that all the way until the  
25      time the jail closed?

1       **A.       Yes.**

2       Q.       How often did you do training for COs?

3       **A.       Yearly.**

4       Q.       When you trained the COs yearly, did you train  
5 all the COs at one time?

6       **A.       No.**

7       Q.       How did it work?

8       **A.       In the beginning we would do it as like small**  
9 **groups or individually per shift. And then the past**  
10 **few years we had a booklet made and we'd give that to**  
11 **the officers, and it was like self learning modules.**

12      Q.       Okay. Would every correctional officer on a  
13 staff go through the training you offered at some point  
14 during the year, or were there ever people who missed  
15 the training?

16      **A.       Everyone did it.**

17      Q.       Did you ever present training to the COs at the  
18 jail specifically on the booking system medical  
19 evaluation form and how to use it?

20      **A.       No.**

21      Q.       Do you know what the booking system medical  
22 evaluation form is?

23      **A.       I've seen it.**

24      Q.       Did you ever get trained on how to use the  
25 booking system medical evaluation form?

1 topic?

2 **A. No.**

3 Q. How often did you do training for jail personnel  
4 on suicide?

5 **A. Yearly.**

6 Q. And you only covered suicide, not other mental  
7 health problems or other mental health issues?

8 **A. I mean what was in the video for the suicide.**

9 Q. Okay. Is there any documentation of the  
10 training you provided to the COs?

11 **A. Yes.**

12 Q. In what form?

13 **A. The test results.**

14 Q. And do you know whether those test results were  
15 stored anywhere; did you keep them, or where did they  
16 go?

17 **A. I kept them. I gave a copy to Assistant Chief  
18 Leonardi. And when the jail closed we boxed them up  
19 and stored them.**

20 Q. Okay. Through discovery we were given I believe  
21 two packets of information here, and they were related  
22 to training you did for COs I believe; is that true?

23 **A. That's correct.**

24 Q. Can you give me the titles of those documents?

25 MR. CLIMER: Do you have an

1 MR. CLIMER: I'm going to  
2 object, but go ahead.

3 BY MS. GREENE:

4 Q. How did you use those documents in training with  
5 COs?

6 A. There was a video that accompanied this and the  
7 officers watched the video and take a test.

8 Q. What was the video about?

9 A. It was like three or four scenarios about types  
10 of people that would commit suicide in jails.

11 Q. Okay. And in that video was there any  
12 discussion of mental health issues outside of suicide?

13 A. Just as they were related to suicide.

14 Q. Can you give me some examples?

15 A. I haven't watched the video in about a year, so  
16 I can't.

17 Q. Do you know if the video discussed, for example,  
18 bipolar?

19 A. I would have to see the video again to tell you  
20 if it did or not.

21 Q. Okay. And is this the test you're talking  
22 about?

23 A. Yes.

24 Q. Bates 2383, titled Bedford Heights corrections  
25 suicide prevention and crisis intervention test 2015.